Name in Full: Virginia Butler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mason Springs; County: Charles

Date of death 1904: Month: 6; Day: 15

Age: Years: 46; Months; Days

Sex: Female; Color or Race: C; Birthplace: Md

Married, Single or Widowed: Single; Occupation: House Work

Name of Wife or Husband:

Father's Name: Littleton Young; Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Butler; Mother's Birthplace: Md

Name of person giving information: Wm. Thomas; How related to deceased: None.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Breast; How long: 1 1/2 Months

Immediate: Oedema of Lungs; How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno L Hamm

Address: Mason Springs Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: John Datcher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Cross Roads — County: Char

Date of death: 1904 June 28 — Age: 73. — Months: — — Days:

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: Farming — Where Residing if not at place of death: —

Married, ~~Single~~ ~~Widowed~~ — Name of Wife or Husband: Jane Datcher

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: — — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis 66 — How long: 5 or 6 days

Immediate: — — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: S. H. Speake

Address: Grafton

~~Accident or Suicide?~~

LIBRARY BUREAU A8881G

Name in Full: Lela Dalcher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pomonkey — County: Charles

Date of death 1904: Month: 6 — Day: 12 — Age: Years: 24. — Months — Days

Sex: Female — Color or Race: C — Birthplace: Md

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband:

Father's Name: John Dalcher — Father's Birthplace: Md

Mother's Maiden Name: Mary Elmira Hutchinson — Mother's Birthplace: Md

Name of person giving information: John Pyer — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: About 1 Year

Immediate: Asthenia Cardiac Complicating — How long: 2 Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John W. Hamm M.D.

Address: Mason Springs Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Mary Jane Dyson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Zoltair; County: Charles

Date of death: Month: June; Day: 1; 1904

Age: Years: 59; Months: ; Days:

Sex: Female

Color or Race: Colored

Birthplace: Charles Co.

Occupation: Housewife

Where Residing if not at place of death: Brent Fild Farm, Charles Co.

Married, ~~Single~~ or ~~Widowed~~

Name of ~~Widow~~ Husband: Mathias Dyson

Father's Name: Ignatious Campbell

Father's Birthplace: Charles Co.

Mother's Maiden Name: Jane Young

Mother's Birthplace: Charles Co.

Name of person giving Information: Mathias Dyson

How related to deceased: Husband

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cart Failure

How long: one hour

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: Peter W. Roby Justice of the Peace.

Address: Bel Alton

M d

Accident or Suicide?

LIBRARY BUREAU AB9516

Name in Full: Not Named

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Town: Dimmicks County: Charles

Date of death 1904: Month: June Day: 25 Age: Years: Months: One Hour Days:

Sex: Female Color or Race: White Birthplace: Charles Co Md

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: William S Gilroy Father's Birthplace: Charles Co Md

Mother's Maiden Name: Maggie Murphy Mother's Birthplace: " " "

Name of person giving Imformation: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature Birth How long:

~~Immediate~~ How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr S H Speake

Address: Grayton Charles Co Md

Accident or Suicide?

Per Mrs Clements Informant

LIBRARY BUREAU ABB316

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Wonsids County: Charles

Date of death 1904 Month: June Day: 23 Age Years: Still Born Months: Days:

Sex: Female Color or Race: B Birthplace: Charles Co Md

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Jackson Father's Birthplace: Charles Co Md

Mother's Maiden Name: Amelia Gorden Mother's Birthplace: " "

Name of person giving Imformation: William Jackson How related to deceased: Father

CAUSES OF DEATH

Primary: Still Born S How long:

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Maximilian Clements

Address: Asst Regt

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full — Lee

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Rosemary Town County: Chas

Date of death 190 4 Month: 6 Day: 1 Age Years: — Months: — Days: 1/2

Sex: Female Color or Race: Black Birthplace: Rosemary Town

Married, Single or Widowed: Single Occupation: none

Name of Wife or Husband: —

Father's Name: James Lee Father's Birthplace: Chas Co Md

Mother's Maiden Name: Nellie Washington Mother's Birthplace: " "

Name of person giving information: James Lee How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Debowels Mother How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: none attending

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

W. T. Brannen

Sub Rosa

Name in Full: Warren Luckett

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pomonkey — County: Charles

Date of death 1904 — Month: June — Day: 30 — Age — Years: 12 — Months: 2 — Days: 19

Sex: Male — Color or Race: White — Birthplace: Chas. Co.

Married, Single or Widowed: Single — Occupation: Farm

Name of Wife or Husband:

Father's Name: John B. Luckett — Father's Birthplace: Chas. Co

Mother's Maiden Name: Cordelia J. Clements — Mother's Birthplace: Chas Co

Name of person giving information: J. B. Luckett — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever — How long: Two weeks

Immediate: Heart Weakness — How long: Three days

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide? No

Signature of Physician: J. W. Mitchell

Address: Pomonkey Md

PHYSICIAN OR CORONER

LIBRARY BUREAU

Name in Full: Humphrey Miller

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: La Plata | County: Charles

Date of death: Month: June | Day: 11 | Years: 5 | Months: 8 | Days:

Age: 1904

Sex: Male | Color or Race: colored | Birthplace: Chas Co

Occupation: Farmer | Where Residing if not at place of death: Chas Co

Married, Single or Widowed: Widower | Name of Wife or Husband:

Father's Name: Charles Miller | Father's Birthplace: Chas. Co

Mother's Maiden Name: Charlotte Miles | Mother's Birthplace:

Name of person giving Imformation: John Coombs | How related to deceased: friend

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe and V | How long: 3 or 4 weeks

Immediate: Valvular Disease Heart | How long: 4 or 5 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. S. Owen M.D.

Address: La Plata Md

Accident or Suicide?

LIBRARY BUREAU A58816

Name in Full: Lemuel Posey

CERTIFICATE OF DEATH

MARYLAND

Died: Town: near Cross Roads — County: Chas.

Date of death 190: Month: June — Day: 8 — Age: Years: 72 — Months: — — Days:

Sex: Male — Color or Race: Black — Birthplace: Md

~~Married, Single~~ ~~Widowed~~ — Occupation: Farming

Name of Wife or Husband: —

Father's Name: Kindrick Posey — Father's Birthplace: Md.

Mother's Maiden Name: Lettie Diggs — Mother's Birthplace: Md

Name of person giving Information: Thos Baber — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis, Intestinal — How long: a year or more

Immediate: General prostration — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S. H. Speake M.D.

Address: Brayton Md.

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

LIBRARY BUREAU A88618

Name in Full: Irene Proctor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Berry — County: Charles

Date of death 1904: Month: June — Day: 6 — Age: Years: — Months: 2 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Charles Co

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: James A Proctor — Father's Birthplace: Charles Co

Mother's Maiden Name: Mary Jane Proctor — Mother's Birthplace: Charles Co

Name of person giving information: Father — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — 93 — How long: 2 Days

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. O. Monroe M.D.

Address: Waldorf Md

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Lily Rooste

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Charles — County:

Date of death: 1904 — Month: June — Day: 18 — Age: Years — Months: One — Days:

Sex: female — Color or Race: B — Birthplace: Charles Co Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Benj Ross — Father's Birthplace: Charles Co Md

Mother's Maiden Name: Bessie Mills — Mother's Birthplace: - - -

Name of person giving Imformation: James E Diggs — How related to deceased: Bro in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Born Prematurely — How long:

Immediate: Sick Ever since Born — How long: 1 Month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: I Cazumbaw Clements

Address: Asst Regt

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

William Francis Watson

Died at Town: Gallant Green County: Charles MARYLAND

Date ~~189~~ 1904 Month: 6 Day: 29 | Age Y.: 17 M.: – D.: – | Native of: Maryland | Occupation: Farming

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / Number of children living

Husband / Wife of

Father's Name: Luther E. Watson Mother's Name: Fannie Watson

Cause of Death — Primary: Appendicitis Immediate: Mortification

How long sick: 5 days

~~Accident, Suicide, Homicide~~

Reported by: M. R. Latimer M. D.

Address: Orme P.O. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Sanford. Whalen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Newport — County: Charles

Date of death 1907: Month: June — Day: 22 — Age: Years: 64 — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Chas Co

Married, ~~Single~~ or ~~Widowed~~ — Occupation: Farmer

Name of Wife or Husband: Betty. Whalen

Father's Name: Aaron. Whalen — Father's Birthplace: Chas Co

Mother's Maiden Name: Not Known — Mother's Birthplace: —

Name of person giving Information: Aaron, Whalen — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Trouble — How long: Died Sudden

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: None

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A26516